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Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

109

124

1.15

0.95

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

Helena, MT 59620-2501						School bus Transportation				
DUE DATES:	restuary 1 to County Superintendent					Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPLI	ETE TH	IS CLAIM FO	OR STA	TE REIMI	BURSEMEN	NT FOR SCI	HOOL BUS TRA	NSPORTAT	ION:	
This clain	n is for the	period beginning		month	, day	20 and e	0	nonth	, 20 day	_•
CERTIFI	CATIO	N:								
The infor	mation on	this form is comp	olete and	accurate to th	e best of my kn	owledge.				
Date			Signatu	re, Chair, Boar	d of Trustees					
County:			District	:				Distr	rict Level:	
29 McC	one		0547	Circle E	lem			Ele	ementary	
Percentage	District #	Route #		Miles Per Dav	Rate Per Mile	Capacity	Inspection	Days Operated	S	Bus Driver's Social Security #

53

41

08/22/05

08/15/05

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PI

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

			•					
DUE February 1 to County Superintendent May 10 to						Second Semester to County Superin to State Superinter	tendent	
COMPLI	ETE TH	IS CLAIM FO	R STATE REIMI	BURSEMEN	T FOR SCI	HOOL BUS TRA	NSPORTATION:	
This clain	n is for the	period beginning	month	day,	20 and e	ndingr	nonth da	20 ny
CERTIF	ICATIO	N:						
The infor	mation on	this form is compl	lete and accurate to th	e best of my kn	owledge.			
Date			Signature, Chair, Board	d of Trustees				
County:			District:				District Le	vel:
29 McC	one		0548 Circle H	S			High S	chool
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	1	23	120	1.15	53	08/15/05		
100	1	7	60	0.95	30	08/15/05		
100	1	8	87	0.95	42	08/15/05		
100	1	9	80	0.95	30	08/15/05		

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PI

County:

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

District:

School District Claim for State Reimbursement for School Bus Transportation

District Level:

State	
District	
County	

DUE February 1 to County Superintendent DATES: February 15 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR				Second Semester May 10 to County Superintendent May 24 to State Superintendent R SCHOOL BUS TRANSPORTATION:				
This claim is for the period beginning								
CERTIFI	CERTIFICATION:							
The information on this form is complete and accurate to the best of my knowledge.								
Date	Signature, Cha	ir, Board of Trustees	,					

29 McC	9 McCone 0566 Vida Elem Elementary				ntary			
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	134	North Rte	97	0.95	16	None		
100	134	South Rte	80	0.95	16	08/10/05		

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